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New Secrets for Repairing Your Heart & Arteries

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New Secrets for Repairing Your Heart & Arteries

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Secret #1

How to drop your cholesterol level by as much as 134 points without drugs or deprivation

"The doctor I saw for my check up wants me to take a cholesterol-lowering drug," David MacElroy began, "and his wife won't let him!" Wendy MacElroy finished. "He finally took a step to check on and protect his health, and I wont let him take that…that poison as a result."

That's what brought the MacElroys to my office at the Tahoma clinic.

David admitted that he'd been a junk food eater all his life. His father and grandfather died from heart attacks at ages 56 and 61. With David's cholesterol level at 322 and his HDL or "good" cholesterol at 34, he was definitely at high risk.

Determining the proper diet

I asked David to follow a low-fat diet (although not everyone benefits from low-fat) and also explained the idea of "good fat" and "bad fat" to him. Until recently, the general consensus among mainstream health "authorities" was that saturated fats are bad and unsaturated fats are good. But as some research supporting high-fat, high-protein diets (like the Atkins diet) suggests, it's not quite that simple.

There's only one general type of fat that you should always avoid, and that's the artificial, man-made type of fats—especially hydrogenated and partially hydrogenated vegetable oils.

You've probably noticed that these oils have been inserted into a myriad of products in the supermarket. Snack foods are the worst offenders: Try to find a potato or corn chip without it and you'll see what I mean. Even natural food stores carry a lot of products that contain partially hydrogenated oils. Make sure to read the labels of the packaged foods you buy. If it contains hydrogenated or partially hydrogenated oil, don't buy it.

So these man-made fats are definitely the ones you should stay away from. But you can't go without any fat at all. Essential fatty acids are definitely a must. The best way to make sure you are getting enough essential fatty acids is to eat whole foods containing them. The best food sources are fish and unroasted nuts and seeds.

Other naturally occurring fats (polyunsaturated, monounsaturated, and even saturated) are also safe as long as you eat them as part of a whole, unprocessed, unrefined diet.

Even though milk, ice cream, and cheese aren't on that list of man-made fats to avoid at all costs, it's still a good idea to eliminate as much dairy from your diet as possible. Dairy is one of the most common food allergens and just generally does more harm than good. It's like I always say (and I'm sure you'll read this from me again in future issues of *Nutrition & Healing*): Milk is for baby cows—not people!

On the other hand, you <u>should</u> eat eggs. They've gotten a bad reputation because of their cholesterol content. But they contain phospholipids, which offset any possible adverse effects of egg cholesterol. Plus, phospholipids have a unique function in keeping brain-cell membranes healthy. Eggs and soy are the only dietary sources of phospholipids. Soy is still rather controversial, and while I don't think it's necessary to give it up entirely, I do think it's a good idea to limit how much you eat to just a couple of servings a week at the most. So eggs are your only other food option for getting those nutrients that are crucial to brain cells.

Also try to include plenty of the following in your diet as good cholesterol-lowering foods: garlic, onions, oat bran, carrots, and alfalfa sprouts.

Supplement, supplement, supplement!

There are so many vitamins, minerals, and botanicals known to lower serum cholesterol that drugs are almost never necessary. There's inositol hexaniacinate, lecithin, pantethine, L-carnatine, beta-sitosterol, fish oil and fish-oil concentrates, phosphatidyl choline, choline itself (usually with inositol and methionone), vitamin C, calcium, vanadium, magnesium, chromium, and vitamin E, which have all been found to raise levels of HDL cholesterol, the "good" cholesterol. Then there are the botanicals, including guggulipid, garlic oil, "red yeast rice," ginger, pectin, curcumin, fenugreek powder, reishi mushrooms, silymarin, turmeric, garcinia, and artichokes.

You don't need to take ALL of these different supplements, of course; the point is, there are so many to try that chances are good you won't ever need to take cholesterol-lowering drugs.

David MacElvoy's program:

David began taking vitamin E, the "mixed tocopherol" type, 400 IU daily; inositol hexaniacinate, 600 milligrams twice daily; vitamin C, 2 grams twice daily; and a high-potency multiple vitamin-mineral with at least 200 micrograms of chromium and 300 to 400 milligrams of magnesium. (You may need to get a separate multiple mineral if you can't find a vitamin-mineral combination.) And last, lecithin. Remember those phospholipids for brain cells? Besides eggs, soy lecithin is the only other diet source, and as a "bonus," lecithin lowers serum cholesterol. Take two 19-grain capsules daily.

After six months, David's total cholesterol level was down to 237 and his HDL cholesterol level had risen to 41. At the end of one year, his numbers were 188 and 46—that means his total cholesterol dropped an impressive 134 points!

But even better than just improving his "numbers," David had substantially reduced his risk of following his father and grandfather to an early cardiac death.

This exact combination of supplements and this diet plan may not work for you. But there are many different combinations you can try. It's best to check with a doctor skilled in natural and nutritional medicine who can help you tailor a supplement program suited exactly for your needs. For a list of such doctors in your area, contact the American College for Advancement in Medicine at (949) 583-7666 or www.acam.org.

Cholesterol: How low should you go?

Let's face it: Much more attention is given to high cholesterol than low cholesterol. But like any other biologic marker, there's always a range that's "too high," "too low," or "just right."

I'm not denying that having high serum cholesterol carries a risk for heart disease. I'm just saying that many people probably don't know that low serum cholesterol may also carry risks—namely cancer, stroke, and depression.

All naturally occurring steroid hormones such as DHEA, estrogens, progesterone, testosterone, and pregnenolone are made in our bodies from a single starting material: cholesterol. And cholesterol is a key component in every cell membrane in our bodies. That's why it's important not just to make sure cholesterol isn't too high or too low, but that it's just right.

High serum cholesterol is usually considered at or above 200 mg/dl (milligrams per 100 cc's of blood). Low cholesterol is defined by many researchers as being at or below 160 mg/dl.

I pay particular attention to my patients' low cholesterol levels when they get to be around 140 mg/dl and advise them to take manganese. Manganese is a key co-factor in the transformation of cholesterol to steroid hormones. Although manganese doesn't raise serum cholesterol to the normal range 100 percent of the time, it is partially or completely effective in more than 50 percent of the cases. I usually recommend 50 milligrams of manganese citrate, once or twice daily. Once your level returns to normal, you can cut your dose to 10 to 15 milligrams a day.

There is one caution in regards to manganese supplementation: Very high levels of manganese intake have been found to cause Parkinson's disease in manganese miners and other industrial workers. However, case reports of manganese poisoning from oral intake are extremely rare (only one case report exists of toxicity from supplementation; others have been from well water with excess manganese).

But in my 30 years of practice, I've never observed problems from the doses necessary to raise low serum cholesterol.

The high-fat/low-fat debate: choosing which diet is best for you

There are two basic approaches to a cholesterol-lowering diet: The first is the politically correct, low-fat, high-complex-carbohydrate plan, which was the mainstay of nutritional "experts" for years. And there's also the high-protein, low-carbohydrate approach. It seems strange that such opposite plans can both work, but remember that no one diet is best for every person. Before choosing what's best for you, you will need to find out a bit more about your insulin response to sugar and carbohydrates (yes, sugar and carbohydrates, even though the subject is cholesterol regulation).

High-protein diets work well for many people struggling with cholesterol problems because these individuals' bodies generally manufacture much more insulin than others in response to sugar, refined carbohydrates, and excess carbs in general. This overproduction of insulin causes the liver to produce to much total cholesterol and triglycerides, and not enough HDL cholesterol.

Insulin is one of the hormones that regulate blood sugar. Some people (especially if they have type 2 diabetes or even have a genetic family tendency toward type 2 diabetes) have high insulin levels that go up much more rapidly in response to sugar and carbohydrate intake. In this case, the insulin is not used properly by the cell membranes, so the insulin can't take the sugar from the blood into the cells as it's supposed to. Then, their bodies keep making more and more insulin to try to force the sugar from the blood into the cells. The excess insulin causes other problems, including high blood pressure and cholesterol abnormalities.

Just recently, more and more evidence has been coming out in favor of the high-protein, low-carb approach to lowering cholesterol and triglyceride levels. In fact, according to a study published in the May 22, 2003 edition of the *New England Journal of Medicine*, people following a high-protein diet for six months had higher levels of HDL (good) cholesterol and bigger decreases in triglyceride levels than those people following a low-fat diet. There was no difference between the groups' LDL (bad) cholesterol levels, which shows that restricting protein and fat intake doesn't do as much to help cholesterol levels as the "experts" once thought.

It's possible that many people with weight problems have them due to this excess insulin response to sugar and carbohydrates. If your cholesterol levels are high, ask your doctor to administer a glucose-insulin tolerance test, which can tell you how much insulin your body makes in response to a standard amount of sugar. Then you can make an informed choice about your diet.

Secret #2

How to drop your blood pressure by 20, 30, or even 40 points—naturally

The mainstream medical industry certainly seems determined to get us all on patent hypertension (blood pressure) medications. With the new guidelines issued by the National Heart, Lung and Blood Institute, people whose blood pressure levels were once considered well below normal (a 120 over 80 reading) suddenly became "pre-hypertensive"—essentially overnight. And, of course, one of the first recommendations out of all the so-called "experts'" mouths was more widespread use of patent hypertension medications.

But you can beat high blood pressure—most of the time without drugs. And even if you can't completely avoid patent medicines, taking the right natural measures may be able to help you use substantially less.

What works for someone else may not work for you

In many cases, the old saying "you are what you eat" holds true. It might do some good in some cases to cut out a few of the cream sauces, and slices of pizza. In some cases, a diet containing more fruits, vegetables, and whole, natural starches rather than a lot of protein could be your best bet. However, the key words here are "in some cases" and "could."

Decades ago, public-health researchers observed that women and men who had been strictly vegetarian all their lives had lower blood-pressure readings in their 60s and 70s than did men and women who ate considerable animal protein. A vegetarian diet provides a better potassium-to-sodium ratio. Having more potassium and less sodium helps regulate blood pressure. But a vegetarian diet isn't the best choice for everyone and, in fact, could cause more harm than good for some.

People with high blood pressure who have personal or family histories of Type-2 (adult onset) diabetes usually have insulin resistance/hyperinsulinemia. The term insulin resistance refers to the impaired use of insulin by cell membranes. Hyperinsulinemia occurs when the pancreas overproduces insulin in an attempt to overcome insulin resistance. (Insulin resistance/hyperinsulinemia is easily diagnosed via a glucose-insulin tolerance test.)

Hyperinsulinemia is a known cause of high blood pressure. To bring insulin overproduction under control, the most necessary dietary changes are total elimination of sugar and refined carbohydrates and a sharp reduction in overall carbohydrate intake. It's especially important to eliminate such starches as potatoes, beans, pasta, and grains. Obviously, this diet pattern is not vegetarian, but, as it helps bring hyperinsulinism under control, blood pressure is also better regulated.

You can also take natural supplements to help regulate your insulin. There are so many nutrients shown to be helpful in Type-2 diabetes that taking them all individually would be a real chore. You'll find several "multiple" formulas designed specifically to aid in blood-sugar control in natural food stores. The one I helped formulate is called Glucobalance. (If you can't find it in your local natural food store, it's available from the Tahoma Clinic Dispensary.) One of Glucobalance's most important blood-sugar controlling ingredients is chromium. Chromium helps to restore the cell-membrane response to insulin.

There are also two more ingredients you should take in addition to Glucobalance or any other blood-sugar controlling multiple supplement. The first is niacin. With chromium, niacin forms part of a molecule called the glucose-tolerance factor, which helps insulin do its job. Both chromium and niacin will get your cells to pay attention to the insulin again, so your insulin and blood-sugar levels should go down. It's important to do initial and follow-up testing with your doctor to monitor your progress. Finally, you

should also take 1 tablespoon of flaxseed daily or, if you prefer capsules, take five of the 1,000-milligram-size daily. Flaxseed also helps your cells use insulin.

Food allergy may be the culprit

For some people with hypertension, food allergies can play a big part in the problem. Eliminating the allergens or desensitizing to them can help lower blood-pressure levels, though no one has been able to successfully explain the connection. If you have a personal or family history of allergy, it's worth investigating. Contact a member of the American Academy of Environmental Medicine (316-684-5500; www.aaem.org) for a list of doctors near you who can help with thorough allergy screening.

The most notable individual case of allergy-aggravated hypertension I've worked with involved a gentleman who was undergoing maximum antihypertensive drug therapy but still had blood-pressure readings ranging from a minimum 180/120 to a maximum 220/150. Once he discovered and eliminated all food allergies, his blood pressure dropped to a level ranging from 160/100 minimum to 180/120 maximum.

Biofeedback and exercise—old news, but underrated and underused

Biofeedback is another valuable and frequently effective "non drug" tool for lowering blood pressure. It's not so much a "treatment" as it is a training program. Using external instruments, a reading is obtained of your body's reactions to stress. Through practice, you learn to recognize the physiological responses you have that might be causing unhealthy reactions and teach yourself how to control those responses. Biofeedback centers are found in all major and most midsize cities. Check your local Yellow Pages for listings.

Exercise also can significantly lower high blood pressure. Even light exercise can make a big difference. The amount that's healthy varies from person to person. Of course, it's best to check with a doctor or other knowledgeable individual before starting a strenuous exercise program.

If you're concerned about blood pressure and wonder what your level might be, there are many places to have it measured for free, including drugstores, fire stations (when the firemen aren't fighting fires), health fairs, and "senior centers." Home blood-pressure-monitoring equipment is quite accurate, and most places that sell it will teach you how to use it as well.

Nutrients: which to cut back on and which to increase

Sodium. You've probably heard that cutting WAY back on salt intake is an important step in lowering high blood pressure. However, researchers are finding more and more evidence that sodium restriction might not be best for everyone after all. If you have high blood pressure you might want to determine through trial and error whether or not salt restriction makes a difference for you.

Potassium. Sometimes, it reduces blood pressure; sometimes; it doesn't. Since a higher potassium level does reduce the risk of stroke, it's always wisest to take extra potassium if you have high blood pressure, even if it doesn't lower your actual blood pressure numbers.

Calcium and magnesium. For some individuals, about 1 gram (1,000 milligrams) of calcium daily can greatly reduce blood pressure by five to 10 points. For others, calcium makes very little difference. It appears to work more often for those with insulin resistance/hyperinsulinemia. If you do supplement with calcium, it's important to balance it with magnesium. Magnesium by itself can lower your blood-pressure level, since it helps relax muscles, including those of the smaller blood vessels, thus helping to dilate them and improve blood flow. Supplementing with 300-400 milligrams daily is usually sufficient.

Vitamin C. A recent research letter sent to the medical journal Lancet reconfirmed that vitamin C lowers elevated blood pressure. Although this study used less, you should take a minimum of 1 gram twice daily.

The building blocks of healthy blood pressure

Amino acids are the "building blocks" from which all proteins are made. In certain cases, supplementing with them has led to lower blood pressure.

At least one study devoted to each demonstrated that L-tryptophan and taurine can lower blood pressure in essential hypertension (high blood pressure with no known cause). The amount of L-tryptophan used was 3 grams daily. L-tryptophan has been available by prescription for two to three years now, but it also very recently became available over-the-counter once again (as it used to be until about 1989). At present, over-the-counter L-tryptophan can be found in a few natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary.

Quantities of taurine used in the study were relatively large (but safe)—6 grams daily. However, when taurine is used in combination with other nutrients and botanicals, you need only 1 to 2 grams daily.

L-arginine has gained considerable "notoriety" lately as the precursor to nitric oxide (NO), the blood-vessel-dilating metabolite essential to male sexual function. However, that same blood-vessel-dilating ability has been found to improve heart function in cases of congestive heart failure, and I've observed cases in which this same blood vessel dilating effect has lowered blood pressure.

The benefits of metabolites: coenzyme Q10 and DHA

Metabolites are molecules made in our bodies from other (precursor) materials. Sometimes, directly supplying the body with extra quantities of certain metabolites can be much more effective than supplying the precursor materials. This is definitely the case with coenzyme Q10, as our bodies make less and less of this metabolite as we grow older.

Coenzyme Q10 aids in metabolism in every cell in the body. It's found in greatest concentration in the mitochondria, the "energy engines" of the cells. It's such an important metabolite that, even though it can be fairly expensive, I recommend a small amount (30 milligrams) for everyone over 60 and more (50 to 150 milligrams daily) for everyone with high blood pressure.

Another important metabolite that helps lower blood-pressure levels is docosahexaenoic acid, or DHA (not to be confused with DHEA). This is an omega-3 fatty acid, a metabolite of the essential fatty acid called alpha-linolenic acid. A recent study reported that 4 grams daily of DHA lowered blood pressure in hypertensive patients by a small but significant degree.

The garlic and herb recipe for blood pressure success

Although you'll encounter a few foods that your doctor will tell you to stay away from if you have high blood pressure, there are certain foods and herbs that can help. Garlic may not make for the freshest breath, but it does usually help to lower blood-pressure readings.

A lesser-known (but still important) blood-pressure-lowering botanical is olive leaf. Only powdered olive leaf in capsule form is presently available in the United States, and you should take 500 milligrams four times daily. Like many of the items noted above, olive leaf can take three to four months to show an effect.

Sarpaganda (better known in Western medicine as rouwolfia) has been used in India for centuries to treat ailments like fevers and snakebites. Early 20th century pharmaceutical chemists searching for a "magic-bullet," single-ingredient, patentable, FDA-"approvable" drug treatment managed to isolate one of the active ingredients in sarpaganda—reserpine.

Herbalists have been telling us for most of the 20th century that it's really better to use the whole herb containing the active ingredient(s), for at least two reasons. First, a smaller quantity of an active ingredient is usually effective because of synergistic effects of other parts of the herb—and the whole herb usually holds less potential danger than the isolated active ingredients. Second, herbalists have told us that combining the whole herb with other selected herbs can further lessen the quantity of each active ingredient necessary to achieve significant results and further lessen potential danger.

But western physicians still went ahead using reserpine instead of whole natural sarpaganda to

combat high blood pressure. Unfortunately, many of them prescribed excess dosages of reserpine. These excess dosages caused various ailments, including depression and occasional suicide, so reserpine fell out of common use.

Unfortunately, since there's not as much money to be made with the whole, natural herb itself, the medical world basically forgot about sarpaganda after the problems with reserpine: Only a few practitioners outside of Ayurvedic medicine are even aware of its existence. Most of the sarpaganda products available these days combine this herb with others also useful for the heart. Although side effects are rare and sarpaganda is definitely a very effective "big gun" in hypertension treatment, products containing sarpaganda are usually only available through health care practitioners.

I usually recommend sarpaganda as a part of the Ayurvedic combination, Cardiotone, which contains 50 milligrams of sarpaganda per capsule; take one capsule three to four times daily. Cardiotone is available from the Tahoma Clinic Dispensary (425-264-0059; www.tahoma-clinic.com).

An underactive thyroid: an often overlooked culprit

Incidence of hypothyroidism (an underactive thyroid) is higher in individuals with high blood pressure than in those with normal blood pressure. Even the most up-to-date thyroid blood tests can miss instances of "subclinical" hypothyroidism. Some signs of an underactive thyroid are low body temperature, dry skin, and a slow ankle reflex. It's best to talk to your doctor if you think there's a problem.

If you have high blood pressure, nearly all the diet and supplementation ideas discussed (with the exception of sarpaganda) are safe to try with or without a doctor. If you don't have high blood pressure but it runs in your family, it can't hurt and may help in prevention to follow a few of the basic suggestions outlined in this section.

Secret #3

How women can be saved from congestive heart failure

By the time she came in to see me at the Tahoma Clinic, Helen's heart was so weak that she had to sleep propped up because of the fluid that was in her lungs. She had been taking three prescriptions to help her but still didn't feel right. She was taking the usual group of medications for heart failure: digoxin, furosemide, and potassium.

I recommended a series of magnesium injections, taken intravenously, along with vitamin B6. It sounds expensive and troublesome, but it really is the best method: For congestive heart failure, magnesium frequently works better when given by relatively rapid IV injection. In heart failure, the heart-muscle cells are sometimes too weak to extract all the magnesium they should from the blood stream.

A fairly rapid IV injection forces magnesium in to the heart-muscle cells, helping them to work better and be stronger. The shots are a bit of a bother, but magnesium—even intravenously—is cheap. And once magnesium is forced into the cells, they continue to take up more magnesium on their own. So, you don't have to have this done a regular basis.

The other recommendations I made for Helen were ones that she (and you) could take at home:

- Coenzyme Q_{10}, 60 milligrams three times daily.
- L-carnitine, 250 milligrams three times daily. This takes care of congestive heart failure all by itself sometimes. It enables the heart-muscle cells to use more sources of energy and to burn them all more efficiently.
- Taurine, another naturally occurring amino acid

like L-carnitine. It's the most abundant amino acid found in the heart and is known to keep the electrical activity of the heart flowing smoothly. Take 1,500 milligrams twice daily between meals. The other supplements can be taken at any time.

- Hawthorn (the solid extract); take 250 milligrams of the standardized 10 percent proanthocyanidin extract three times daily. Hawthorn improves energy production in heart-muscle cells and improves heart-muscle contraction. It dilates coronary arteries, providing more blood flow. It also acts as a mild diuretic, can lower cholesterol, and can slow and possibly even reverse atherosclerosis a bit.

After three months, Helen reported that she was "feeling much stronger, not taking water pills at all, and sleeping flat with only one pillow like when I was younger." At this point, I told her she could stop the magnesium injections and take magnesium capsules instead, along with the other minerals she'd been taking. When she came back for her second follow-up visit, she reported that she had all her strength back and was working hard around the house and yard.

Of course, Helen's exact treatment plan may not work for you. It's best to check with your doctor to determine a supplement program tailored specifically to your needs.

Secret #4

The natural artery-cleaning program that starts in your stomach

Hernando wasn't an old man, but his diseased arteries made it so difficult for him to get around that he could barely hobble into my office. As he put it, "I'm just waiting around for things to get bad enough so I can have my legs amputated."

Is your body starving itself of essential nutrients?

It turned out that one of Hernando's problems was a condition called hypochlorhydria, in which his stomach wasn't digesting his food and nutrients efficiently. This is by far the most common digestive problem we see at the Tahoma Clinic. It happens when the stomach doesn't produce enough acid for digestion to proceed normally. In fact, according to one medical text book, *The Pharmacological Basis of Therapeutics*, 10 to 15 percent of the general population have this problem. And if inefficient digestion isn't corrected, then even the best of diets and supplementation won't help.

Having seen first-hand how many problems this condition can cause, I always recommend having stomach function tested.

One way to test this is by radiotelemetry using the Heidelberg capsule. To take this test, you'll swallow a small, plastic capsule that contains electronic monitoring equipment. As it moves through the stomach and intestines, the capsule can measure the pH of the stomach, small intestine, and large intestine and transmit a signal, which you'll receive through antennae that you wear outside your body. This information can help your doctor determine whether or not your stomach is producing adequate amounts of gastric acid. (This test can be obtained by contacting a doctor-member of the American College for Advancement in Medicine, or ACAM, at 800-532-3688, www.acam.org or the American Academy of Environmental Medicine AAEM at 316-684-5500, www.aaem.com.) Other laboratory clues can also help to diagnose this condition. One is a mineral analysis of a hair specimen. If six or more minerals are low, excluding sodium and potassium, have your stomach acid checked.

Although the mainstream medicine deals with the problem of low stomach acid by ignoring it or treating it with a bland diet, there is a much better solution. But it must be monitored by a doctor. If your test results indicate low levels of stomach acid, it's a good idea to supplement with either betaine hydrochloride-pepsin (or glutamic-acid hydrochloride-pepsin) before meals. To start, I usually recommend taking one capsule (5, 7 1/2, or 10 grains) before each meal. After two or three days, if there are no problems, use two capsules in the early part of the meal, then increase your dose to three capsules per meal several days later. The dose is gradually increased in this step-like fashion until it equals 40 to 70 grains per meal.

This method should only be used when testing indicates a need for it. Although problems rarely occur, they can be bad ones. Hydrochloric acid should never be used with aspirin, Butazolidin, Inodicin, Motrin, or any other anti-inflammatory medications. Also, hydrochloric acid is usually taken in combination with pepsin. Stomachs that don't produce adequate hydrochloric acid are presumed not to produce enough pepsin either.

If during treatment you feel bad in any way—for example, if you experience pain, burning, or additional gas—STOP. In certain cases, I've treated patients with small, gradually increased quantities of lemon juice or vinegar and found the effects to be similar to (but slightly less than) treatment with hydrochloric acid.

There's a long list of diseases frequently associated with low stomach acidity: diabetes mellitus, both underactive and overactive thyroid problems, childhood asthma, eczema, gallbladder disease, osteoporosis, rheumatoid arthritis, chronic hives, lupus, weak adrenal glands, chronic hepatitis, vitiligo, and rosacea, for example. Unfortunately, simply getting older is also associated with an increasing frequency of low-stomach acidity. In fact, some investigations have found it in more than 50 percent of those over 60.

Hernando's natural artery cleaning program

Hernando began the following natural "artery-cleaning" program that put him on the road to recovery:

- Vitamin C, 1 gram three times daily.
- Vitamin E, 800 units of the mixed tocopherol type daily.
- Inositol hexanicotinate, 1 gram three times daily. (Vitamin E and inositol hexanicotinate can improve walking distance for individuals with blood-flow impairment in the legs.)
- L-carnitine, 250 milligrams three times daily. This has also been shown to increase walking distance.
- Cod-liver oil, 1 tablespoon daily or the equivalent in capsules. Fish oil makes platelets more slippery, reducing the risk of clotting, and as an omega-3 fatty acid source reduces inflammation.
- A high-potency multiple vitamin-mineral. It's always wisest to add a multiple to back up individual nutrients in high amounts.
- Chelation (IV treatment) with EDTA (a synthetic amino acid shown to improve circulation remarkably in some individuals with atherosclerosis) and magnesium. Taken intravenously, these absorb more efficiently.

Hernando's results

Hernando decided to take chelation therapy. He changed his diet, found he needed digestive aids, took all his supplements, and even took a small quantity of testosterone. Soon he was back walking at least two miles, three times every week, without sitting down once.

Secret #5

Two signs on your body that may point to heart trouble

There are some physical signs to look for on your body that can be used as a basis for further investigation or treatment. Of course, this method isn't 100 percent accurate—and you must keep in mind that self-diagnosis can be tricky and deceptive. Any serious symptoms deserve medical attention. With that said, these physical signs can be a great starting point on your way to good health.

A message to your heart written on your earlobes

If you have diagonal creases across your earlobes, it may be a sign of increased susceptibility to cardiovascular disease. If you're eating right, getting regular exercise, and taking vitamin E, it's probably not anything to worry about. But just to be on the safe side, you may want to have your cholesterol, triglyceride, homocysteine, and C-reactive protein levels checked.

Beware of a pink nose and rosy cheeks

If you have dilated capillaries in your cheeks and nose (a red nose or rosy cheeks), it could be a sign of low stomach acidity. (See secret #4 on page 8.) This means that you may not be properly digesting and absorbing important nutrients, supplements, or medications.

Also, low production of hydrochloric acid and pepsin in the stomach is associated with hardened arteries, high cholesterol, high triglycerides, high blood pressure, and even obesity—all of which can spell trouble for your heart.

Secret #6

Putting an end to agonizing chest pain

John had been having angina chest pains for three years when he came to the Tahoma Clinic for the first time. He had been to a cardiologist who gave him a "treadmill electrocardiogram" test and an angiogram. He was told that several of his arteries had some blockage but that it wasn't too severe. He was taking two prescriptions, nitroglycerin (he was currently taking six to eight pills every week) and calcium channel blockers. And his doctor had recommended that he take vitamin E, although he couldn't assure him of its efficacy.

John's wife had already changed their diet at home to whole grains, no chemicals, less meat, more fish, and more vegetables. John underwent a physical exam and was checked for key minerals, blood levels of homocysteine, and "C-reactive protein." He also underwent routine testing for cholesterol and HDL cholesterol levels, triglycerides, kidney functioning, and allergies. In addition to diet changes and supplements, chelation therapy is usually very helpful for relieving angina and improving circulation. To make sure chelation therapy is safe, kidney functioning must be monitored.

I recommended that John take the following supplements:

- Vitamin E, 800 IU daily to start.
- L-carnitine, 500 milligrams.
- Co-enzyme Q_{10}, 100 milligrams.
- Magnesium (aspartate), 125 milligrams.

All of these should be taken three times daily. In addition, I advised John to take a high-potency vitamin-mineral supplement with at least 50 milligrams of vitamin B_6, 800 milligrams of folate, and 500

micrograms of vitamin B_{12}.

In addition to taking the recommended magnesium supplement by mouth, John must also come to the Tahoma Clinic for a short series of intravenous magnesium injections. And, along with the suggested chelation therapy, he also used mineral replacement IVs to replace any beneficial minerals that may have been lost during the therapy.

Testosterone can be extremely valuable in strengthening the heart muscle, so I also recommended that John have his serum levels tested.

Like many individuals, John had inefficient stomach function, with low production of hydrochloric acid and pepsin. I advised him to take supplemental hydrochloric acid and pepsin with his meals. Without these, his body wouldn't have been able to make optimal use of his food and dietary supplements.

Two weeks to dramatic angina pain reduction

John's cholesterol and triglyceride tests were both slightly abnormal; his testosterone was OK. Since his kidney function tests were normal, he went ahead with chelation therapy. He made sure to stick to his healthy diet, took the vitamin E, L-carnitine, coenzyme Q_{10}, magnesium (both orally and injected), as well as a "back-up" high-potency vitamin-mineral.

John's angina started to diminish just two weeks after his program started. By six weeks, he was down to only two "nitros" per week, and after six months, he was off all medications and free of chest pain unless he exerted himself maximally. John undertook a gradually increasing exercise program after four months, and after one year could run two miles without angina. Five years later, he remains free of any chest pain.

Secret #7

A contaminant in your water may be clogging your arteries

There are a few, if any, communities around the world that have both chlorinated drinking water and a low incidence of atherosclerosis. Chlorine is a powerful oxidizing agent (that's why it is used for bleaching) that is capable of causing severe damage to blood vessels. American servicemen fighting in Korea and Vietnam who were killed in battle were found to have atherosclerosis in more than 75 percent of all cases. The water given to these men was so heavily chlorinated that it was virtually undrinkable.

In animal studies, chlorine has been found to promote the development of atherosclerosis. The good news is that it's fairly simple to remove the chlorine from your drinking water. Just boil the water for five to ten minutes or add a pinch of vitamin C crystals to the water.

It can also be removed by charcoal filtration, as well as through "reverse osmosis." Check with the filter manufacturer of whatever brand you choose to be certain.

Secret #8

Testosterone testing: important for heart health in men and women

Congestive-heart-failure patients should always undergo a testosterone test. Why? Remember, our hearts are muscles—specialized muscles. And testosterone is the body's major muscle builder. There's a small amount of testosterone in women's bodies naturally, just as there's a small amount of estrogen in men's. People with congestive heart failure often have testosterone levels that are much lower than usual for their respective sex. Supplementing identical-to-natural testosterone, when done carefully, is often a major help in relieving heart failure. And the form that I work with is a balanced group of identical-to-natural hormones, not just testosterone (though testosterone is the most important of these hormones for strengthening the heart muscle).

In one placebo-controlled study, Drs. S.Z. Wu and X.Z. Wan reported on 62 men, 60 of whom had suffered a heart attack in the five years prior to the study and two of whom had experienced complete occlusion of at least one coronary artery. Prior to the study, the 62 men had significantly lower testosterone levels than did members of a "control group"

Angina pain plummets in 77 percent of patients

The men were given either the testosterone or a placebo for 10 weeks and then were switched to the opposite treatment. The testosterone groups reported 77 percent reduction in angina symptoms as compared to 7 percent in the placebo groups. EKG measurements reflected the symptomatic improvement, showing 69 percent improvement with testosterone vs. 8 percent with the placebo. Improvement shown by portable monitors was even better, showing 75 percent improvement (testosterone) vs. 8 percent (placebo).

Unfortunately, heart patients of both sexes are almost never offered testosterone to prevent or treat heart disease. Testosterone patches are widely available these days, but they're marketed by patent medicine companies primarily for men with low libido or impotence as a result of testosterone deficiency—not to treat or prevent heart disease. While physicians are free to prescribe testosterone to any patient for any reason, most are locked into the conventional treatment of cardiovascular disease, and few are aware how beneficial testosterone might be for prevention or treatment.

If your doctor won't test your testosterone level or consider testosterone therapy for heart disease, find a nutritionally oriented doctor who will. Contact the American College for Advancement in Medicine (ACAM) at 949-583-7666 or www.acam.org for a list of such physicians near you.

Secret #9

Coenzyme Q_{10}—a treatment for cardiomyopathy

One of the greatest tragedies of modern medicine is that doctors continue to ignore coenzyme Q_{10} (coQ_{10}), a nutrient that, if used appropriately, would relieve the suffering of millions of Americans (especially heart patients) and save billions of health-care dollars. Of course, the "medical establishment" has a reputation for being oblivious to the most nutritional treatments. However, with the volumes of scientific research on coQ_{10}, that ignorance is inexcusable.

One study, published in the *American Journal of Cardiology*, showed that patients with "terminal" cardiomyopathy had a dramatically increased survival rate when they took coQ_{10}. The typical mortality rate is usually 75 percent within two years, but in this case, 60 percent of the coQ_{10} patients were still alive after 5 years. Shortness of breath and blood flow from the heart also improved when the patients took coQ_{10}.

All chemical processes in the body that require energy (including the workings of the heart) also require an adequate supply of coenzyme Q_{10}—of course they require an adequate supply of other things too, but it seems that coQ_{10} is one of the most important.

Coenzyme Q_{10} is available at most natural food stores, pharmacies, and grocery stores. It can be on the expensive side, but it's one of those things that really is worth the additional cost. The usual dosage of coQ_{10} for preventative purposes is 30 milligrams per day. Larger amounts are used to treat certain medical conditions. Please check with your doctor.

Secret #10

OPCs—what are they and how do they help your heart?

Scientists are still baffled by the French paradox: Although the French have a similar intake of saturated fat to the British, their incidence of heart disease is substantially lower. Various causes have been attributed to this phenomenon, but much attention has focused on the high French intake of red wine. Red wine is rich in OPCs. OPC stands for oligomeric procyanidins, compounds that have been found to be useful in the prevention and treatment of a wide variety of heart problems. OPCs are also a key chemical component in Hawthorne, a popular herbal cardiac treatment.

Some people will obviously prefer to take their OPCs in the form of wine. The quality of the wine does make a difference to its potential health benefits. If the wine contains any sort of preservative, like sulfites, it's just as likely—if not more so—to do harm as it is to do any good. Vineyards are required to state the presence of sulfite on the label of any wine containing it, so this is another instance where it's important to read labels.

The key word in terms of wine's health benefits is moderation. Of course, there's no final word about how much wine is "optimum" for your health. But it's pretty safe to say that the negatives associated from drinking too much would undoubtedly outweigh any positives. Stick with a glass or two a day, at the most.

If you prefer not to drink wine, there are various OPC herbal products, including hawthorn, available in natural food stores. The clinical support for hawthorn is strong, so regular intake might be an important contributor to the prevention of heart disease.

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